

Texas Board of Physical Therapy Examiners

Austin, Texas 78701-3942

333 Guadalupe, Ste 2-510 • 512/305-6900 • 512/305-6951 fax http://www.ptot.texas.gov

RETIRED STATUS APPLICATION & RENEWAL FORM

(Performing Voluntary Charity Care) License #: _____ Daytime Phone: _____ **RESIDENTIAL ADDRESS** Street: City: _____ State: ____ Zip: ____ Check the one which applies: ☐ I wish to put my license on Retired Status. Retired status means that a licensee is providing physical therapy services only as voluntary charity care through a charitable organization. To be eligible for the retired status a licensee must hold a current license on active or inactive status, must have completed the required continuing competence units (CCUs) for the current regular renewal period, and must pass the jurisprudence exam, which can be accessed here: http://www.ptot.texas.gov/page/applicant-JP-exam. ☐ I am renewing my license on Retired Status. A licensee on retired status must renew his license every two years before the expiration date by submitting the renewal form and fee, passing the jurisprudence exam, and completing the required CCUs (6 units for PTs and PTAs). A license on Retired Status is subject to the CC audit. Return to Active Practice. A licensee who has been on retired status may reinstate to active license by completing all requirements as described in §341.9.(f), Requirements for reinstatement of active status. A licensee on retired status may use the designation PT, Retired, PT Ret., PTA Retired, or PTA Ret., as appropriate. Read §341.9. Retired Status; Performing Voluntary Charity Care before you sign and submit this form. By signing this form, I attest that I have met all the requirements for the retired status as stated in §341.9. I also attest the followina: * Since license issuance or last renewal, I have not been convicted of a felony, including a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere, in this state or any other. * Since license issuance or last renewal, I have not had my license or registration to practice physical therapy suspended or revoked in any other state or nation. I understand that providing false or incorrect information is a violation of the PT Practice Act, and may subject me to the penalties set forth in the Act. Signature Date Make checks or money order payable to **ECPTOTE** and mail to: Retired Status Fees: Initiation: \$25

ECPTOTE, 333 Guadalupe, Suite 2-510, Austin, Texas 78701.

For Office Use Only Fees Received:______ Receipt Date: ______Receipt #: _____

Renewal: \$25



NAME: _

512/477-1818.

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Continuing Competence Activities Report

20 CCUs taken within the current renewal period. All licensees must have 2 hours of approved Ethics and Professional Responsibility coursework.

License #:

All information below is required and must also be on the completion documentation you retain for your records.

CC Requirements to put a license on Retired Status; Performing Voluntary Charity Care: PTs must have 30 CCUs, PTAs must have

All activities submitted must be approved prior to submission. If you do not know the approval number, contact TPTA at

CC Requirements to renew a license on Retired Status; Performing Voluntary Charity Care: PTs and PTAs must have 6 CCUs. All licensees must have 2 hours of approved Ethics and Professional Responsibility coursework. All activities submitted must be approved prior to submission. If you do not know the approval number, contact TPTA at 512/477-1818. CC Requirements to reinstate to active status: PTs must have 30 CCUs, PTAs must have 20 CCUs taken with the current renewal period. All licensees must have 2 hours of approved Ethics and Professional Responsibility coursework. All activities submitted must be approved prior to submission. If you do not know the approval number, contact TPTA at 512/477-1818. Proof of voluntary charity care can count toward up to one-half (1/2) of the continuing competence requirement. Ten (10) hours of voluntary charity care equals one (1) CCU.					
ir you need additional rows, please use a second form.	Number	(IVIIVI/DD/ Y Y Y Y)	of Offics		



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RETIRED STATUS: Voluntary Charity Care Attestation

Name:		
(Residential Addres	ss)	
Street:		
City:	State:	Zip:
License #:	Daytime Phone:	
CHARITABLE ORG		
	State:	
Daytime Phone:		
•	roviding physical therapy services o rganization and that I am not providing other facility.	•
Signature:		Date: